

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **TRIANGLE LAKE CHARTER SCHOOL** PWS ID# **4 1 90556**
 Month/Year **12/2021** Entry Point: **SOUTH KITCHEN SINK** Required Minimum Residual **0.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	5:25 AM		.78	
2	5:00 AM		.75	
3	FRI			NO SCHOOL
4	SAT			NO SCHOOL
5	SUN			NO SCHOOL
6	5:10 AM		.56	
7	6:15AM		.68	
8	7:00AM		.73	
9	5:15AM		.71	
10	FRI			NO SCHOOL
11	SAT			NO SCHOOL
12	SUN			NO SCHOOL
13	5:00 AM		.70	
14	5:00 AM		.77	
15	5:30 AM		.68	
16	6:00 AM		.52	
17	FRI			WINTER BREAK BEGINS
18	SAT			
19	SUN			
20	7:00 AM		.77	
21	7:30 AM		.68	
22	5:30 AM		.63	
23	6:00 AM		.56	
24	FRI			NO SCHOOL
25	SAT			NO SCHOOL
26	SUN			NO SCHOOL
27	9:45 AM		.58	
28	7:30 AM		.56	
29	WED			VACATION DAY
30	THUR			VACATION DAY
31	FRI			WINTER BREAK ENDS

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: SHANE BENSCOTER Signature:  Date: 1 / 4 / 2022	Title: MAINTENANCE/FACILITIES Phone #: (541) 925-3262 EXT 134	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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